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APPLICANTS

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** CONTINUING DATA *****

None

** FOREIGN APPLICATIONS *****

None

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IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 3	TOTAL CLAIMS 34	INDEPENDENT CLAIMS 6
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>[Signature]</i> Examiner's Signature	<i>E.E.</i> Initials			

ADDRESS

21186

TITLE

Channel estimation feedback in an orthogonal frequency division multiplexing system or the like

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